



Notice of Death

1. MEMBER INFORMATION *(Completed by Employer)*

Name: Miss Mrs. Ms. Mr. _____
DD MM YYYY

Social insurance number (SIN): _____ Date of birth: _____

Address & Telephone # of Contact Person: _____

THERE IS A SEPARATE DECLARATION OF MARITAL STATUS FORM THAT THE EXECUTOR/SPOUSE OF THE MEMBER MUST COMPLETE AND IT MUST BE FORWARDED TO NSHEPP WITH THE COMPLETED NOTICE OF DEATH.

2. FINAL PENSION INFORMATION

Date of Death: _____
DD MM YYYY

If there is a difference between date contributions ceased and date of Death, give reason here:

Date contributions ceased: _____
DD MM YYYY

A. Pensionable Data *(Breakdown between period 1 and period 2 required for years that had a rate change – if no rate change, use period 1)*

<i>Include 'deemed' amounts for unpaid leaves</i>	Pensionable Earnings <i>(incl. retro & lump sums)</i>	Pension Contributions <i>(incl. retro & lump sums)</i>	Pensionable Lump Sum Payments	Pensionable Hours	Annual Full-time Equiv. Hrs <i>(e.g. 1950 2080)</i>	Last Hourly Rate	Effective Date of Last Hrlly. Rate	Hourly Rate at Start of Year
Current Yr Period 1	\$	\$	\$			\$		\$
Current Yr Period 2	\$	\$	\$			\$		\$
Previous Yr Period 1	\$	\$	\$			\$		\$
Previous Yr Period 2	\$	\$	\$			\$		\$

B. Retroactive Payments *(Breakdown between period 1 and period 2 required for years that had a rate change – if no rate change, use period 1)*

Year & period retro payment was made	Year covered by retro payment	Earnings retro to prior period 1	Earnings retro to prior period 2	Contributions on retro to prior period 1	Contributions on retro to prior period 2
		\$	\$	\$	\$
		\$	\$	\$	\$
		\$	\$	\$	\$

C. Leaves of absence in current or previous year

1) Start date: _____ End date: _____ Did member contribute during this leave? Yes No
DD MM YYYY DD MM YYYY

2) Start date: _____ End date: _____ Did member contribute during this leave? Yes No

Type of leave 1): _____ Type of leave 2): _____

D. Was member in receipt of LTD Benefits in current or previous year? Yes No

3. EMPLOYER INFORMATION

I certify that the information contained in this form is correct to the best of my knowledge.

Name of Employer: _____ Employer code: _____

Employer contact name: _____ Employer contact signature: _____

Date: _____ DD MM YYYY
Employer contact e-mail: _____ Phone (and ext.): _____

Please send the original to Nova Scotia Health Employees' Pension Plan (NSHEPP) and make one copy for your files.
NSHEPP • 2 Dartmouth Road • Bedford • NS • B4A 2K7
Tel: (902) 832-8500 Toll free: 1-866-400-4400 Fax: (902) 832-8506 website: www.nshepp.ca

INSTRUCTIONS – NOTICE OF DEATH

The following instructions are designed to help you complete the Notice of Death for NSHEPP.

DD MM YYYY

Please Note: Date fields are to always be filled out as Day – Month – Year. | | |

1. MEMBER INFORMATION

- Provide the deceased member's information.

SPOUSAL AND DEPENDENT CHILDREN DECLARATION

The surviving spouse, or legal representative of the estate of the deceased, must complete a separate spousal and dependent children declaration. If there is a separation agreement or a court order that stipulates a division of the pension benefit, a copy of that separation agreement or court order must be submitted to NSHEPP before any benefit entitlements can be paid. Also, if, at the date of death, the member had dependent children under age 18, or under age 23 and attending a recognized educational institution on a full-time basis, the dependent information must be provided as they may be entitled to a dependent benefit.

2. FINAL PENSION INFORMATION

- Provide the member's date of death. Also provide the date that contributions ceased. These two dates are usually the same unless the member was on a leave or on long-term disability immediately prior to the date of death. If the dates are different, give the reason in the space provided.

A. Pensionable Earnings, Contributions and Service (refer to the *Quick Reference Guide to Pensionable Earnings for further details*)

- Provide the following for the current year (and for the previous year if that year-end has not already been submitted to the Pension Plan). A breakdown between period 1 and period 2 is required for years that had a contribution rate change – if no rate change, use period 1.
 - The member's **Pensionable Earnings**, including any 'deemed' earnings where contributions were paid during a leave period; retroactive payments; and, pensionable lump sum payments;
 - The member's **Pension Contributions** including contributions paid on 'deemed' earnings during a leave period; retroactive payments and pensionable lump sums;
 - Any **Pensionable Lump Sum Payments** that have been included in the total Pensionable Earnings figure (as Pensionable Lump Sum Payments are very rare, please provide details);
 - **Pensionable Hours** including 'deemed' hours where contributions were paid during a leave period;
 - The **Full-time Equivalent Hours** that a full-time employee in the same position would work during a full year (for example: 1950, 2080, and 1820).
 - The **Last Hourly Rate** (and **Effective Date** for that rate) that the member had at their date of death and at the end of the previous year.

B. Retroactive Payments

- Breakdown between period 1 and period 2 is required for years that had a contribution rate change – if no change, use period 1.
- Complete this section if the member received any retroactive pay that applies to previous years. Retroactive pay that applies to the current year is not to be reported here. For example, if the member received a retroactive payment in the current year for \$1,000 and \$600 of this was for hours worked in the 2nd period of the prior year, and \$400 was for hours worked in the current year, it would be reported as follows:

Year & period retro payment was made	Year covered by retro payment	Earnings retro to prior period 1	Earnings retro to prior period 2	Contributions on retro to prior period 1	Contributions on retro to prior period 2
2013 - period 1	2012	\$ n/a	\$600	\$ n/a	\$46.92

C. Leaves of absence in current or previous year

- Please indicate the start and end dates of any leave periods in the current or previous year and indicate whether contributions were made to the plan for each leave period. Also, please indicate the type of leave.

D. Was member in receipt of LTD Benefits in current or previous year?

- Please indicate yes or no as there are pension entitlements for LTD recipients under the terms of the Plan.

3. EMPLOYER INFORMATION

- Sign and date the form, indicating that it is correct and complete to the best of your knowledge.
- Provide your contact information and include an e-mail address if you will accept questions from the Pension Plan concerning this Notice of Death via e-mail.

The following items are required in addition to the completed Notice of Death:

- Declaration of Spousal Status and Dependent Children at Date of Death (now a separate form)
- Death Certificate
- Member's proof of age (e.g. copy of birth certificate, driver's license or passport)
- Spouse's proof of age, if applicable (e.g. copy of birth certificate, driver's license or passport)
- Dependent's proof of age, if applicable (e.g. copy of birth certificate or passport)
- Marriage certificate, if applicable
- Direct Deposit Authorization form and Void Cheque, if applicable